

CITY OF ALEXANDRIA Freedom of Information & Privacy Protection Form

Individual/Organization initiating request

Print name		Organiza	Organization			
Address		City		State	Zip	
Signature				Telephone (ir	oclude area code)	
Information sought/requested						
☐ I authorize charges up to \$20.00. ☐ Notify of all charges before copying.						
For office use only. (This section to be completed by staff.)						
Received by	☐ Ma	I 🖵 Letter	☐ Fax	☐ In person	Date	
Date information due (5 work day limitation)	Extra time	required?	☐ Yes (m. ☐ No	ax 7 work days)		
Is information requested excluded by Code? If yes, state reason and applicable code section.	☐ Yes	□ No				
Comments						
Signed by		Title			Date	